ORIGINAL ARTICLE

Nursing Staff Stress From Caregiving and Attitudes Toward Family Members of Nursing Home Residents With Dementia in Korea

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Purpose The purpose of this study was to examine nursing staff stress with their caregiving roles and attitudes toward family members of nursing home residents in Korea.

Methods The sample consisted of 267 nursing staff members from 10 long-term care facilities. Participants completed the Caregiver Stress Inventory and the Attitudes About Family Checklist.

Results The mean score on the total Caregiver Stress Inventory was 4.34 for nurses and 4.53 for nursing assistants ($t = -1.42$, $p = .161$). Nursing assistants reported higher stress levels than nurses from caring for the residents with aggressive behaviors ($t = -2.28$, $p = .040$). In contrast, nurses reported higher stress levels regarding resources deficiency ($t = 2.18$, $p = .045$). The mean score on the data from the Attitudes About Family Checklist was 4.45 for nurses and 3.56 for nursing assistants ($t = 2.52$, $p = .025$), indicating that nursing assistants reported more negative attitudes toward family members of residents with dementia.

Conclusions The findings in this study showed a need for systematic educational programs for staff to enhance their dementia care knowledge, alleviate their stress, and finally change positively their attitudes toward family. As the number of dementia patients in long-term care facilities increases, it will be important for staff members to develop individually satisfying and mutually acceptable caregiving roles. [*Asian Nursing Research* 2010;4(3):130–141]

Key Words dementia, long-term care, staff attitude, stress

INTRODUCTION

According to 2009 World Alzheimer Report, the number of people with Alzheimer's is expected to nearly double every 20 years, from 35 million to 65.7 million by 2030 (Alzheimer's Disease International, 2009). The prevalence of dementia in Korea ranges about 10% of people that is 65 and older (Korea National Statistical Office, 2009), and this number is expected to increase dramatically with the increasing numbers of persons in that age group in the next decades. With this expected sharp increase in the number of older people with dementia, Korea is faced with the challenge of providing humane and holistic care for older people with dementia. It is becoming more difficult to take care of such elderly people at home (Lee, Park, & Seong, 2008). This may be due to factors such as changing values concerning

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family life, decrease in family size, and women's increasing participation in external activities. In addition, the demanding level of care needed to care for older people with dementia coupled with the changes in family life in Korea make home care more difficult (Im & Kim, 2006; Kim, 2006; Song & Choe, 2007). To meet the increasing need for public services for older people with dementia, the government of Korea introduced long-term care insurance system in 2008 and the number of long term care facilities increased from 40 in 1993 to 3,396 in 2010 (Ministry of Health and Welfare, 2010).

When families place a member in a nursing home, family members, residents, and nursing home staffs become an interacting system, mutually influencing one another. Family members can be an important resource contributing to the quality of care given to residents with dementia (Gaugler, Kane, Kane, Clay, & Newcomer, 2005). Recent studies in the developed countries, which have a long history of long-term care, found predictors of family member burden and satisfaction after nursing home placement were more related to nursing home resources and staff characteristics than resident characteristics (Kim & Shin, 2009; Maas, Specht, Buckwalter, Gittler, & Bechen, 2008). Thus, it is useful to study the nursing staff characteristics to better understand caregiving in long-term care settings. The progressive cognitive and functional deterioration of residents with dementia causes many difficult care problems for staff members adding to the burden of care. The stresses faced by staff are similar to those faced by family members, arising from disrupted interactions with residents and their family caregivers (Edvardsson, Sandman, Nay, & Karlsson, 2008). Specifically, a major source of stress for staff members is repetitive irritants encountered daily in the caregiving role (Donoghue & Castle, 2006). Additional burden accrues to the nursing staff because the resident behaviors are often frightening, leading to emotional and physical exhaustion, and may result in feelings of inadequacy in the nursing staff. Because of these burdens, long-term care facilities have difficulty recruiting and retaining staff as job stress has been linked to high turnover of long-term care staff. This is especially true of nursing assistants (Pitfield, Shahriyarmolki, & Livingston, 2010; Yeom & Watson, 2009).

Relationship with family members is another source of stress for staff caregivers. Staff often resent family members' requests for care because staffs believe they know best and do not like to have their care routines questioned or altered. Often family and staff assume adversarial relationship with the family system and the institutional regulations (Bauer & Nay, 2003; Boise & White, 2004). Staff members may not be open to family member participation in care and this perspective by staff often results in family staff role conflicts that are stressful for both staff and families (Dijkstra, 2007). Other studies suggested a lack of education or effective communication skills to work effectively with the residents or their family members, thus adding to their frustration with work (Anderson, Taha, & Hoiser, 2009; Daly & Coffey, 2010).

More recent studies are focusing on nursing staff perception and job satisfaction of dementia care and on family-staff relationships in the United States and other countries (Boise & White, 2004; Ingersoll-Dayton, Schroepfer, Pryce, & Waarala, 2003; Jablonski, Reed, & Maas, 2005). Some of these studies gave attention to family-staff partnerships and showed the benefits of cooperation, personal information about residents, and coordination of caregiving efforts (Jablonski et al., 2005; Lau, Lotus, Lin, & Yang, 2008; Maas et al., 2004). Despite growing needs about long-term care, few studies of nursing staff members' caregiving stress and relationship with families in nursing homes have been conducted in Korea. Most studies in Korea have been done with family caregivers who take care of relatives in the home. Thus, this study aimed to examine the nursing staff members' stress with their caregiving roles and attitudes toward family members of nursing home residents with dementia. Specific research questions addressed in this study were as follows: (a) what are the Korean nursing staff members' stress in their caregiving role of residents with dementia; (b) what are Korean nursing staff members' attitudes toward family members of residents with dementia; and (c) what are the differences in stress and attitudes between nurse and nursing assistant.

METHOD

Study design

An exploratory descriptive design using two self-reported questionnaires was utilized in this study. The questionnaires focused on staff members' stress with their caregiving roles, and attitudes toward family members of residents with dementia in long-term care facilities. The survey was conducted from September 1, 2009 to November 30, 2009.

Participants and settings

The study involved data collection from 10 nursing homes located in the southern provinces of Korea including Daegu, Kyung-Sang-Buk-Do and Kyung-Sang Nam-Do. The principal investigator contacted facilities where potential participants could be recruited for the study. Permission to gather data at each facility was obtained after discussion of the study purposes and significance with the nursing director or the facility director. The facilities ranged in size from 80 to 200 beds. All of the facilities were staffed by nurses and nursing assistants 24 hours a day. At least one registered nurse was available during day time hours on each facility. Each nursing assistant was assigned to care for 10–15 residents during day time hours and 20–30 residents during night time hours. Criteria for selection were (a) nurses or nursing assistants who were working part time or full time at each study setting and agreed to participate in this study, (b) nurses who were diploma or BSN educated, and (c) nursing assistants who were certified to assist the residents with activities of daily living and to provide bedside care. For data collection, a preliminary meeting was held with the director from each facility to ask permission to distribute questionnaires to their staff. The purpose and procedures of the study were explained and final permission for data collection was obtained. The questionnaires were distributed and collected by the nursing directors. The participants were asked not to share their opinions with other staff members. A total of 350 questionnaires were distributed targeting 250 participants based on 95% confidence level and an *SE* of .5 (Cohen, 1988) with 25% withdrawal rate. A total of 267 participants (76.3%) completed the survey.

Measurement

The demographic and job related characteristic data were collected using the questionnaire. The Caregiver Stress Inventory (CSI) and Attitudes about Family Checklist (AFC) were developed by Mass and Buckwalter (1990) and were used to measure stress related to caring for residents with dementia and attitudes toward family members. The permission to use the instruments was obtained from the authors of the instruments. The instruments were translated into Korean and the translation was reviewed and modified by two nurses and a sociologist who were fluent in English. To reach a translation as precise as possible, the Korean versions of the instruments were translated back to English by a bilingual Korean-American. The semantic differences of original and back-translated English versions of the instruments were assessed by the researcher and a monolingual English speaking nursing professor. Translation and back translation were repeated until the items in both languages were evaluated as equivalent. When the instruments were acceptable, readability was tested with 10 nursing staff and then final versions of the instruments were ready to be used.

The CSI is a 43-item, self-report tool and is designed to measure staff stress related to caring for residents with dementia. Staff stress is defined as the response that individual staff members' experience to incidents that occur in the daily care of persons with dementia. Items were rated on a 7-point Likert-type scale (from 1 = *not stressful*, to 7 = *extremely stressful*). A high score indicates high stress. The CSI consisted of four subscales representing staff stress from aggressive behavior, inappropriate behavior, resident safety, and resource deficiency. Reported Cronbach's alpha was .96 for the scale (Maas & Buckwalter, 1990) and .90 for this study.

The AFC was 16-item self-report instrument designed to assess staff attitudes about family members of residents with dementia, including family visitation, family requests regarding care of their relative, and family participation in the care of their relative.

Staff rates the items on a 7-point Likert type scale (1 = *strongly disagree*, to 7 = *strongly agree*). A high score indicates that the staff has a positive attitude towards family visitation, requests, and caregiving roles for their relatives. The AFC consists of three subscales: calming (reflecting whether family members are seen as having a calming effect or a disruptive effect on residents), partner (reflecting whether family members are seen as equal partners in care or not), and relevant (reflecting whether family members are seen as relevant to residents and staff). Reported Cronbach's alpha was .74 for the scale (Maas & Buckwalter, 1990) and .70 for this study.

Data analysis

Data were analyzed using the SPSS/WIN 17.0 program (SPSS Inc., Chicago, IL, USA). Descriptive statistics were determined for all demographic and job characteristic variables. Cronbach's alpha reliability coefficients were used to estimate internal consistency reliability of the instruments. The staff stress of caregiving role and attitudes toward family members of residents with dementia were analyzed using means and standard deviations. The differences in the total, subscales, and individual item of CSI and AFC by job class were analyzed using *t* test.

Ethical consideration

Approval for the research was obtained from Institutional Review Board. All staff members who received questionnaires were asked to participate in this study and were informed that they could withdraw at any time they wanted. An informed consent document was obtained from the staff. The privacy of the participants was protected by keeping the questionnaires in confidence and in the possession of the investigator only.

RESULTS

Demographic and job-related characteristics of staff members

Demographics and job related characteristics for staff members are presented in Table 1. The mean ages of nurses were 36.0 years and nursing assistants were 44.1 years. The distribution of age was different between nurse and nursing assistants. Over 78% of nurses were under the age of 40 while over 83% of nursing assistants were over 40 year old. Most of nursing staff was female. Nurses showed higher percentages of being single than nursing assistants. The distribution of education level exhibited a different pattern in two groups. All nurses reported higher levels of education above college and only 14.4% of nursing assistants had college education. Nurses' mean total years of work (16.5 years) were longer than for nursing assistants (5.1 years). The average months working at a present facility by nurses (109.7 months) was longer than for nursing assistants (61.4 months). A total of 84% of nurses worked full time and 46% for nursing assistants.

Staff members' stress from caregiving

Nursing staff reported medium level of stress related to their caregiving role. The mean scores on the total CSI and its subscales, and their differences in the job class are summarized in Table 2. The mean score on the total CSI was 4.34 for nurses and 4.53 for nursing assistants and there was no statistically significant difference ($t = -1.42$, $p = .161$). When the data were analyzed in subscales, nursing assistants reported significantly higher mean score than did nurses in aggressive behavior ($M = 4.84$ *vs.* $M = 4.32$; $t = -2.28$, $p = .040$) and nurses reported significantly higher mean score than did nursing assistants in resources deficiency ($M = 5.04$ *vs.* $M = 4.55$; $t = 2.18$, $p = .045$).

Of the CSI subscales, mean scores were highest on resource deficiency for nurses and on aggressive behavior for nursing assistants. The lowest scores were reported on inappropriate behavior for both nurses and nursing assistants.

Examination of individual item mean indicated that nurses were most stressed from the following: (a) risk of residents' aspiration (6.00), (b) risk of residents' fall (5.71), (c) lack of unified care among discipline (5.42), and (d) lack of resources (5.32). On the contrary, nursing assistants were most stressed from: (a) resident's uncooperative behavior (5.41),

Table 1

Characteristics of Staff Members

Characteristics	Nurse ($n = 66$)	Nursing assistant ($n = 201$)	Total ($N = 267$)
	n (%)	*n* (%)	*n* (%)
Age (yr)			
< 30	28 (42.4)	10 (5.0)	38 (14.2)
30–40	24 (36.4)	23 (11.4)	47 (17.6)
40–50	13 (19.7)	148 (73.6)	161 (60.3)
≥ 50	1 (1.5)	20 (10.0)	21 (7.9)
M (*SD*)	36.0 (9.4)	44.1 (7.2)	43.5 (8.1)
Range	24–54	20–58	20–58
Gender			
Female	66 (100.0)	195 (97.0)	261 (97.8)
Male	0 (0.0)	6 (3.0)	6 (2.2)
Marital status			
Single	27 (40.9)	50 (24.9)	77 (28.8)
Married	32 (48.5)	130 (64.7)	162 (60.7)
Bereaved or divorced	7 (10.6)	21 (10.4)	28 (10.5)
Education			
≤ Middle school	0 (0.0)	22 (11.0)	22 (8.2)
High school	0 (0.0)	150 (74.6)	150 (56.2)
≥ College	66 (100.0)	29 (14.4)	95 (35.6)
Time at occupation (yr)			
M (*SD*)	16.5 (7.5)	5.1 (3.5)	8.8 (5.0)
Range	1–23	1–12	1–23
Time spent at present facility (mo)			
M (*SD*)	109.7 (30.4)	61.4 (40.1)	67.6 (42.7)
Range	1–156	1–151	1–156
Job status			
Full time	55 (84.0)	92 (46.0)	147 (55.1)
Part time	11 (16.0)	109 (54.0)	120 (44.9)

(b) fighting behavior (5.25), (c) agitation (5.22), and (d) risk of residents' aspiration (5.20).

Staff members' attitude toward family

Overall, Korean nursing staff reported medium low mean scores for AFC. The mean scores on the total AFC and its subscales, and their differences by job class are summarized in Table 3. The mean score on the total AFC was 4.45 for nurses and 3.56 for nursing assistants, indicating that nursing assistants had more negative attitudes toward family members than did nurses ($t = 2.52$, $p = .025$). Nurses reported significantly higher mean scores on subscales including Calming (reflecting whether family caregivers are seen as having a calming effect or a disruptive effect on residents; $M = 4.71$ *vs.* $M = 3.41$; $t = 3.84$, $p < .001$), Partner (reflecting whether family caregivers are seen as equal partners in care or not; $M = 4.86$ *vs.* $M = 3.73$; $t = 3.45$, $p = .001$), excepting Relevant (reflecting whether family caregivers are seen as relevant to residents and staff; $M = 3.80$ *vs.* $M = 3.55$; $t = 0.87$, $p = .386$).

For the subscales, nurses and nursing assistants reported the highest mean scores for Partner. Nurses reported the lowest mean level on the Relevant

Table 2

Caregiver Stress Inventory (CSI) by Job Class

CSI	Nurse ($n = 66$) M (SD)	Nursing assistant ($n = 201$) M (SD)	Total ($N = 267$) M (SD)
Aggressive behavior $t = -2.28$ $p = .040$	4.32 (1.53)	4.84 (1.28)	4.56 (1.32)
Some residents are uncooperative due to not understanding my instructions.	4.02 (1.65)	4.43 (1.20)	4.22 (1.39)
Some residents constantly (or frequent long periods) yell loudly or laugh shrilly.	4.23 (1.40)	4.80 (1.23)	4.53 (1.33)
Some residents strike or try to strike me.	4.22 (1.66)	4.41 (1.33)	4.31 (1.45)
Some residents are constantly agitated and cannot be calmed.	3.81 (1.59)	4.00 (1.31)	3.97 (1.45)
Some residents require attention of one staff person most of the time.	3.41 (1.54)	3.80 (1.29)	3.58 (1.36)
When resident's mood changes suddenly.	3.66 (1.51)	4.29 (1.22)	4.04 (1.32)
When residents are uncooperative even when they apparently understand instructions.	4.65 (1.67)	5.41 (1.19)	5.05 (1.49)
When residents are so agitated and difficult to handle that I think I am doing my job badly.	4.76 (1.51)	5.22 (1.04)	5.00 (1.31)
When residents have periods of extremely inappropriate behavior that lasts for several hours.	4.21 (1.48)	5.36 (1.26)	5.08 (1.38)
When residents require my attention even though I am busy with other necessary tasks.	4.45 (1.35)	4.51 (1.14)	4.48 (1.25)
When residents are unpredictable.	4.35 (1.38)	5.15 (1.26)	4.76 (1.30)
Resident safety $t = 1.30$ $p = .112$	4.84 (1.24)	4.63 (1.57)	4.74 (1.34)
When residents fall due to unsteadiness when standing or walking.	5.71 (1.52)	4.63 (1.40)	5.18 (1.40)
When residents' behaviors indicate that something is wrong, but they cannot tell you what.	3.62 (1.54)	4.43 (1.50)	3.89 (1.52)
I worry that residents will hurt themselves due to their constant agitation.	5.06 (1.56)	5.24 (1.58)	5.14 (1.57)
I worry that the care that is provided is not what the residents really need.	5.00 (1.24)	3.69 (1.50)	4.01 (1.38)
When residents refuse their medication.	5.08 (1.29)	4.67 (1.45)	4.88 (1.39)
I am afraid residents will choke, aspirate or get pneumonia because they forget to swallow.	6.00 (1.08)	5.20 (1.58)	5.64 (1.38)
I worry about residents irritating each other, getting into fights, and hurting each other.	5.02 (1.24)	5.25 (1.24)	5.14 (1.33)
Inappropriate behavior $t = -1.05$ $p = .294$	4.02 (1.25)	4.21 (1.16)	4.10 (1.20)
Some residents do not urinate in the urinal or toilet.	3.19 (1.23)	4.53 (1.25)	3.75 (1.24)
Some residents rummage through or use staff belongings.	3.43 (1.58)	4.10 (1.38)	3.89 (1.48)
Some residents keep trying to go home or each day think they are going home.	3.98 (1.58)	4.19 (1.38)	4.08 (1.47)
Some residents become agitated when taken off the unit (such as in a car or to unfamiliar surroundings).	3.40 (1.55)	3.41 (1.37)	3.39 (1.50)
Some residents walk around dressed inappropriately.	3.69 (1.68)	3.79 (1.20)	3.75 (1.44)
Some residents continue to repeat inappropriate behavior after staff have intervened and corrected them.	4.50 (1.39)	5.07 (1.17)	4.81 (1.31)

When residents constantly repeat "I'm hungry" or "I want food".	3.24 (1.45)	3.66 (1.36)	3.50 (1.40)
When residents talk constantly.	3.78 (1.40)	4.10 (1.27)	3.92 (1.33)
When residents curse me when I am delivering their care.	4.05 (1.57)	4.06 (1.33)	4.05 (1.45)
When residents require help to eat but refuse help.	4.11 (1.22)	4.29 (1.36)	4.20 (1.30)
When residents require constant reminding to eat, bathe, or toilet.	3.52 (1.42)	3.78 (1.21)	3.60 (1.30)
When residents will not stay in bed at night.	4.58 (1.24)	4.20 (1.29)	4.38 (1.26)
When residents follow me or stay at my side all the time, asking questions, forgetting or not accepting my answers.	4.87 (1.48)	5.08 (1.21)	4.96 (1.40)
When a great deal of staff time and attention are required to complete simple tasks.	4.63 (1.36)	4.92 (1.22)	4.70 (1.28)
When residents rummage in other residents' rooms.	4.07 (1.43)	4.47 (1.25)	4.27 (1.33)
When residents put their possessions in inappropriate places (such as the toilet, waste basket).	3.31 (1.51)	3.76 (1.25)	3.54 (1.47)
When residents will not stay in chairs or bed.	4.11 (1.36)	4.44 (1.33)	4.28 (1.34)
Resources deficiency $t=2.18$ $p=.045$	5.04 (1.22)	4.55 (1.06)	4.80 (1.11)
I feel I lack knowledge about how to best care for and help residents.	5.24 (1.38)	4.27 (1.28)	4.70 (1.30)
The amount of patience needed to work with residents.	5.07 (1.23)	4.46 (1.07)	4.76 (1.20)
The lack of resources (agency commitment) to care appropriately for the residents.	5.32 (1.16)	4.72 (1.09)	5.02 (1.13)
The lack of a unified approach among all disciplines and administrations to care for and assume responsibility for the residents' care.	5.42 (1.07)	4.98 (1.18)	5.20 (1.14)
Visitors often do not understand the residents' behavior, do things to provoke agitation and I often do not know what I can do to counsel the visitors.	4.86 (1.10)	4.09 (1.01)	4.47 (1.05)
The current physical arrangement for caring for the residents.	4.81 (1.27)	4.35 (1.05)	4.48 (1.08)
Being constantly reminded about how to respond to behavior of residents.	4.63 (1.35)	4.52 (1.03)	4.58 (1.10)
Total $t=-1.42$ $p=.161$	4.34 (1.11)	4.53 (1.03)	4.45 (1.05)

Table 3

Attitudes Toward Family Checklist (AFC) by Job Class

AFC	Nurse ($n = 66$) M (SD)	Nursing assistant ($n = 201$) M (SD)	Total ($N = 267$) M (SD)
Calming $t = 3.84$ $p < .001$	4.71 (1.21)	3.41 (1.44)	4.06 (1.34)
Family members make too much noise and disturb other residents with Alzheimer's.[a]	4.27 (1.46)	3.86 (1.49)	3.88 (1.28)
It seems that when families come to the Alzheimer's unit, the residents get more agitated.[a]	4.81 (1.24)	3.43 (1.54)	3.70 (1.43)
Family members should remember that they are visitors at the institution and should strictly follow our rules.[a]	4.36 (1.39)	3.72 (1.41)	3.00 (1.39)
The institution's rules about family member visits should be more strict.[a]	5.03 (1.38)	3.05 (1.33)	3.18 (1.35)
When families are with their relatives they often stay too long.[a]	5.10 (1.15)	3.00 (1.36)	3.24 (1.25)
Partner $t = 3.45$ $p = .001$	4.86 (1.20)	3.73 (1.34)	4.29 (1.30)
Family members often bring ideas that are helpful about how to care for their relatives.	4.86 (1.46)	3.83 (1.49)	4.10 (1.47)
Working with the family is an important part of my work.	6.00 (1.15)	4.74 (1.54)	5.04 (1.38)
Family members are good about helping with the care of the residents with Alzheimer's.	4.29 (1.25)	3.17 (1.52)	4.37 (1.35)
Family member should have as much say as possible concerning the care of their relatives.	4.29 (1.25)	3.20 (1.16)	4.10 (1.20)
Relevant $t = 0.871$ $p = .386$	3.80 (1.12)	3.55 (1.40)	3.67 (1.20)
Most family members rarely come to see their relatives with Alzheimer's.[a]	3.01 (1.21)	2.86 (1.40)	3.02 (1.37)
Most family members won't accept that their relatives with Alzheimer's are mentally incompetent.[a]	4.11 (1.25)	4.07 (1.43)	4.09 (1.40)
Family members have too many requests that make my work more difficult.[a]	2.86 (1.34)	2.94 (1.44)	2.91 (1.36)
Most family members know a lot about how to relate to their relatives with Alzheimer's.	4.29 (1.25)	2.96 (1.25)	3.05 (1.25)
When family members are on the Alzheimer's unit they seem to not know what to do.[a]	4.71 (0.75)	3.84 (1.61)	4.20 (1.09)
Family members understand that we care for a number of residents with Alzheimer's and cannot always do the things they request.	3.73 (0.95)	4.45 (1.58)	4.07 (1.20)
Most residents with Alzheimer's ignore their families that are with them and don't seem to care if they are there or not.[a]	3.95 (0.97)	3.77 (1.43)	3.87 (1.24)
Total $t = 2.52$ $p = .025$	4.45 (1.18)	3.56 (1.40)	3.92 (1.26)

[a]Where the item is reversed.

subscale. Nursing assistants showed the lowest scores on the Calming subscale.

Examination of individual item mean indicated that nurses and nursing assistants had the most negative attitude concerning: (a) family members have too many requests that make my work more difficult (nurses, $M = 2.86$; nursing assistants, $M = 2.94$) and (b) most family members rarely come to

see their relatives with Alzheimer's disease (nurses, $M = 3.01$; nursing assistants, $M = 2.86$).

DISCUSSION

This study examined Korean nursing staff members' stress from caregiving roles and attitudes toward family members of residents with dementia in long-term care settings. On each subscale of the CSI, nurses reported relatively higher stress related to resource deficiency (staff knowledge, agency commitment, physical arrangement and guideline), while nursing assistants had higher stress from residents' aggressive behaviors. The results from Korean staff data are congruent with Korean family members' perceptions of care studied by Park (2002) with 94 Korean family members about their satisfaction with care in long-term care facilities. Korean family caregivers showed least satisfaction on resource deficiency regarding staffing ratio and facilities' resources. Maas et al. (2008) concluded from their systematic review in staffing, training, and leadership issues that long-term care employees perceived effective leadership activities by registered nurses and appropriate staffing as the most important facility resources that facilitate positive changes in dementia care. Important leadership activities include planning and maintaining human resources, and planning all programs in the facilities. Recent studies suggested evidence based protocol can be a good resource to improve nursing staff's knowledge and to facilitate unified and consistent approach in the delivery of dementia care (Stetler, McQueen, Demakis, & Mittman, 2008; Yano, 2008). According to a study by Pitfield et al. (2010) on nursing staff stress in caring for people with dementia, their findings indicated that the nursing staff spent a great deal of time in managing the residents' behavior. Further, the licensed staff, as well as the nursing assistants reported they felt unprepared to manage the aggressive and catastrophic behaviors of residents. Previous studies on Korean staff members' responses to residents' aggressive behavior in dementia facilities indicated that nursing staff used inappropriate interventions for patients' problematic behaviors. There is an agreement on the urgent need to develop a specialized education program for nursing staff in dementia care facilities (Koo & Kim, 2007).

Maas et al. (2004) developed family involvement in care program for dementia care units and compared staff stress at pre and post intervention in the United States. The mean scores on the total CSI and subscales for staff members were 3.57 for nurses and 3.73 for nursing assistants indicating that US staff stress was lower than that of Korean nursing staff in this study. Results obtained were similar in that nursing assistants felt more burden and frustration from their caregiving role than nurses in Korea and the US. Korean staff members had more stressful experiences on their task performance and greater senses of resource deficiency and frustrations in their role performance compared to stress level of the previous studies in other countries. These findings may be explained by the fact that specialized training programs in dementia care and staffing standards for nurses and nursing assistants are not well established in the dementia care facilities in Korea and it is especially true for nursing assistants. Even though nursing assistants are now certified with formal educational programs with the introduction of the long-term care insurance system by the government of Korea, regular educational programs focusing on dementia are not provided systematically. Nursing assistants learn primarily to care for residents through trial and error interventions (Cho et al., 2008). Brodaty, Draper, and Low (2003) studied strain and satisfaction with work for residents with dementia identified by nursing assistants. They found that nursing assistants did not understand residents' problematic behaviors and were frustrated with the demands of family members. The researchers recommended development of educational and support systems for effective communication with family and residents for nursing staff. Other research also supports the idea that specialized training and environments will lead to greater skill and job satisfaction which, in turn, will lead to improved job performance and better resident care (Anderson et al., 2009; Cho et al.; Lee, 2008).

In this study, Korean staff members showed moderately negative attitudes. Nurses and nursing

assistants showed the most negative attitudes regarding family members' relevance to residents and staff. The most positive attitudes are toward equal caregiving partnership with family members. Nursing assistants showed more negative attitudes toward family members than nurses in this study. This is consistent with other studies reporting that many nursing assistants perceive families to be a major source of stress rather than as a resource. Galdstone, Dupuis, and Wexel (2006) found that family caregivers mostly discussed nursing assistants' care because nursing assistants were most involved in the care of the residents and in contact with the family. It is interesting that nursing assistants have more negative attitudes toward family visitation than did nurses. Nurses in this study were less resistant to sharing control with families and were more inclined to welcome family involvement in care than nursing assistants. The findings from other studies reported that nursing assistants showed lower knowledge level of resident's condition and family information than nurses. At times, nursing assistants are so acutely focused on accomplishing the many physical tasks of care that they fail to interact with residents and families in appropriate ways. Improving relationships between nursing staff and family members may also be a key to improving family members' effective involvement in care resulting in that staff may have more positive attitudes about family visitation. Family members often have a wealth of information about the residents and may be eager to share their knowledge with staff. Maas et al. (2004) also reported that introduction of the Family Involvement in Care (FIC) intervention lowered staff members' stress related to aggressive behavior and decreased their inclinations to exclude families from caregiving and to completely control decisions about the care of residents. They noted that nurses welcome family involvement in care more and that the positive effects of family and staff partnerships cannot be accomplished without the active involvement of nursing assistants who make up the major part of nursing staff and provide the most direct care for residents. Other studies also have reported that systematic educational programs for nursing assistants were effective in enhancing nursing assistants' knowledge, alleviating their burden, and positively changing their attitudes toward family (Dijkstra, 2007; Galdstone et al., 2006; Lau et al., 2008).

There are some limitations in this study. Given the nonrandom convenience nature of the sample, the investigator recruited nursing staff from broader geographical areas to enhance the generalizability of the results. Using an even broader geographical area may have been useful. Moreover, since the study was conducted in the nursing homes in Korea, findings may be different in other types of long-term care facilities such as group home and geriatric hospital. Future research with broader spectrum including various types of long term care services would warrant a better insight into differences in dementia care in Korea.

CONCLUSION

This study was a first attempt to explore nursing staff members' stress from caregiving for residents with dementia and their attitudes toward family members in long-term care facilities in Korea. The findings showed that Korean nursing staff had moderate experience of stress from their caregiving role. Nursing assistants showed higher stress levels than nurses from caring the residents with aggressive behaviors, while nurses showed higher stress levels regarding resources deficiency. The mean score on attitudes about family indicated that nursing assistants reported more negative attitudes toward family members of residents with dementia. There is a need for future studies to identify background and contextual variables which have a significant impact on staff members' stress and relationship with family members. These studies can serve as mechanisms for identifying high-risk groups' burnout and turnover, and focusing intervention strategies on those who need them. There is an obvious need for a structured program to be available to staffs who have various educational and job related background, education for behavior management, interaction and communication skill with residents and family, and therapeutic activities.

In particular, nursing assistants, who have the most involvement with direct care for residents and the most frequent contact with family members, need help to cope with the many behavioral problems associated with dementia and conflicts with family members. In this study, only quantitative data were collected with staff members. Qualitative studies with staff members using methods such as focus group will provide more insight into staff and family dyads in the long term care environment. It is also recommended that policies and standards be established to improve the quality of care in long-term care facilities by providing enough resources such as the number and kind of qualified staff, evidence-based guidelines, and specialized care unit for dementia care.

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